

Amendments to the Claims

1.-30. (Canceled)

31. (Withdrawn) A method for causing weight loss in obese humans comprising the steps of:

- a. surgically creating an intestinal bypass with an adjustable opening, the intestinal bypass having an initial bypass opening size,
- b. calculating a time for a followup,
- c. calculating a desired weight loss of the patient till the followup,
- d. calculating a desired electrolyte balance of the patient,
- e. calculating actual weight loss and actual electrolyte balance during the followup,
- f. if the actual weight loss and the actual electrolyte balance match the desired weight loss and the desired electrolyte balance respectively:
 - i. calculating a time for a next followup,
 - ii. calculating a desired weight loss of the patient till the next followup, and
 - iii. calculating a desired electrolyte balance of the patient, else
- i. calculating a new bypass opening size based on the desired weight loss, the actual weight loss, the desired electrolyte balance and the actual electrolyte balance,
- ii. changing bypass opening size to the new bypass opening size,
- iii. calculating a time for a followup,
- iv. calculating a desired weight loss of the patient till the followup, and
- v. calculating a desired electrolyte balance of the patient and
- g. repeating steps (e) through (f).

32. (Withdrawn) The method as recited in claim 31, wherein the method is used in conjunction with existing weight loss methods selected from the group comprising diet modification, exercise therapy and pharmacological therapy.

Claim 33. (Canceled)

34. (Currently amended) A method of causing weight loss in a patient comprising:
establishing an adjustable pathway in at least one of an intestinal bypass and a natural portion of an intestinal tract of the patient, the bypass being configured to divert a portion of food flowing in the intestinal tract through the bypass while permitting a remaining portion of said food to flow through the intestinal tract without passing through the bypass; and
regulating the portion of food diverted through the intestinal bypass by adjusting a cross sectional lumen size of the adjustable pathway.
35. (Previously presented) The method of claim 34 wherein the establishing step comprises establishing an adjustable pathway in at least one of the intestinal bypass and the natural portion of the intestinal tract with an adjustable implant.
36. (Previously presented) The method of claim 34 further comprising connecting a first intestinal region and a second intestinal region to create said bypass.
37. (Previously presented) The method of claim 36 further comprising connecting said first intestinal region and second intestinal region with an implant.
38. (Previously presented) The method of claim 37 wherein the implant comprises a tubular implant with an adjustable opening.
39. (Previously presented) The method of claim 37 wherein the implant comprises a ring.
40. (Previously presented) The method of claim 37 wherein the implant comprises a lumen.
41. (Previously presented) The method of claim 36 wherein the first intestinal region is in a small intestine and the second intestinal region is in the small intestine.
42. (Previously presented) The method of claim 41 wherein mostly all of the small intestine is bypassed.
43. (Previously presented) The method of claim 41 wherein only a portion of the small intestine is bypassed.
44. (Previously presented) The method of claim 41 wherein the first intestinal region is near a pylorus.
45. (Previously presented) The method of claim 41 wherein the first intestinal region is in the small intestine adjacent to a pylorus.

46. (Previously presented) The method of claim 34 further comprising permitting food material to flow through the adjustable pathway in only one direction.
47. (Previously presented) The method of claim 46 wherein the permitting step comprises using a one-way valve to permit food material to flow through the adjustable pathway in only one direction.
48. (Previously presented) The method of claim 46 wherein the permitting step comprises using an implant with inward projections to permit food material to flow through the adjustable pathway in only one direction.
49. (Previously presented) The method of claim 34 wherein the adjusting step is performed minimally invasively.
50. (Previously presented) The method of claim 49 wherein the adjusting step is performed endoscopically.
51. (Previously presented) The method of claim 34 wherein the adjusting step is performed non-invasively.
52. (Currently amended) The method of claim 51 wherein the adjusting step is performed transdermally endoscopically.
53. (Previously presented) The method of claim 51 wherein the adjusting step is performed using electromagnetic signaling.
54. (Previously presented) The method of claim 34 further comprising the use of a weight loss method chosen from the group consisting of diet modification, exercise therapy and pharmacological therapy.
55. (Withdrawn) A method of causing weight loss in a patient comprising:
connecting a first region of an intestinal tract to a second region of the intestinal tract with a bypass device;
diverting a portion of food flowing from the first region to the second region through the bypass device; and
permitting a remaining portion of the food flowing through the intestinal tract to flow from the first region to the second region through a natural portion of the intestinal tract.
56. (Withdrawn) The method of claim 55 wherein the bypass device comprises a tubular implant.

57. (Withdrawn) The method of claim 55 further comprising permitting food material to flow through the bypass in only one direction.
58. (Withdrawn) The method of claim 55 wherein the first region is in a small intestine and the second region is in the small intestine.
59. (Withdrawn) The method of claim 55 further comprising adjusting the bypass device to change the portion of food flowing through the bypass device.